

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009161

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2709

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 14 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** COUNTY

c. CITY OR TOWN

**St. Louis**

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Jewish Hospital**

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

**4515 N. Newstead Ave.,**

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

**JAMES**

**O.**

**NOWLEN**

4. DATE OF DEATH

Month

Day

Year

**March**

**6**

**1963**

## 5. SEX

**Male**

## 6. COLOR OR RACE

**Negro**

## 7. Married

☒ Widowed

## 8. DATE OF BIRTH

**12-2-1891**

## 9. AGE (last birthday)

**71**

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Retired**

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

**Illinois**

## 12. CITIZEN OF WHAT COUNTRY

**USA**

## 13a. FATHER'S NAME

**John Nowlen**

## 13b. MOTHER'S MAIDEN NAME

**Angeline Allcox**

## 14. NAME OF HUSBAND OR WIFE

**Deceased**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

**No**

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

**Marvin Nowlen**

## 17. ADDRESS

**4515 N. Newstead Ave.**

## 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

**Uremia**

## INTERVAL BETWEEN ONSET AND DEATH

**24 hrs**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

**Uricosuria**

### DUE TO (c)

**Gout**

**288X**

**24 hrs.**

**20 yrs.**

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

**1959**

**10:15 p**

**present**

and last saw her alive on **3-6-63**

## Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

**539 N. Grand**

## 22c. DATE SIGNED

**3/7/63**

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

## 23b. DATE

**3-9-63**

## 23c. NAME OF CEMETERY OR CREMATORY

**Mount City, Illinois**

## 24. FUNERAL DIRECTOR

## ADDRESS

**G. Wade Granberry 4202 Finney Ave.,**

## 25. DATE RECD. BY LOCAL REG.

**MAR 8 1963**

## 26. REGISTRAR'S SIGNATURE

**Paul Smith, M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave.,  
St. Louis 13, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.